



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Brian N. Tufte Confirmation No.: 9019  
Serial No. 10/075,489 Examiner: I. Negron  
Filing Date: February 12, 2002 Group Art Unit 2875  
For: LIGHTING APPARATUS  
Docket: 1076.1101108

**AMENDMENT-AFTER-FINAL**

Mail Stop AF  
Assistant Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. 1.8:** I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 28 day of March, 2004.

By: \_\_\_\_\_

Brian N. Tufte

Dear Sir:

This Amendment is being filed in response to the Final Official Action of the Examiner mailed February 2, 2004, setting a three-month shortened statutory period for response ending May 2, 2004.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Drawings begin on page 9 of this paper.

Remarks/Arguments begin on page 10 of this paper.

03/31/2004 RMEBRAHT 00000093 10075489

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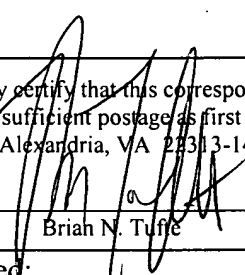
For: LIGHTING APPARATUS

Docket: 1076.1101108

TRANSMITTAL SHEET

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. 1.8:** I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 25<sup>th</sup> day of March, 2004.

By:   
Brian N. Tufte

We are transmitting herewith the attached:

[X] Amendment in response to final office action dated February 2, 2004

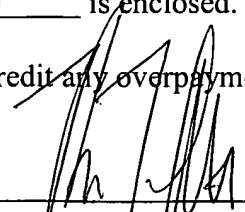
[X] The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	21-	21=		x9=	\$	x18=	\$
INDEPEN- DENT CLAIMS	5-	3=	2	x43=	\$	x86=	\$ 86
( ) FIRST MULTIPLE DEPENDENT CLAIM				+145=	\$	+290=	\$
TOTAL				\$		\$86.00	

[X] A check in the amount of \$ 86.00 is enclosed.

[X] One replacement drawing

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

  
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